

PLEDGE OF CONFIDENTIALITY

Wisconsin Department of Transportation

MV3454 9/2003 s.343.16(5)(d) Wis. Stats.

Section 1

Completion of this Pledge of Confidentiality indicates that you have information, which questions a person's ability to safely operate a motor vehicle. It also indicates that you will not disclose the information to the Wisconsin Department of Transportation, including the driver's name, without a Pledge of Confidentiality. This pledge will remain confidential to the extent permitted by law. A court of competent jurisdiction could order the release of information otherwise held in confidence as a result of this pledge.

To be valid, this Pledge must be signed by a Wisconsin Department of Transportation representative prior to receiving the personally identifiable information about the driver. **Information provided prior to completion of this Pledge, or not listed in this Pledge, or any subsequent information that is not identified in a Pledge of Confidentiality Agreement will not be considered confidential.**

Section 2 - To be completed by the Information Source

Name of Information Source

Address

City

Area Code - Telephone Number

Please give the reason the information will not be provided without a pledge of confidentiality.

(Information Source Signature)

Section 3 - To be completed by a DOT Representative

I have determined that a Pledge of Confidentiality is necessary to obtain potentially important information related to public safety. I extend the Department's Pledge to the above-named information source.

(DOT Representative Signature)

Section 4 - To be completed after the pledge is signed by a DOT Representative

Name of Driver

Address

City

Driver Identification Number

Form MV3141, Driver Condition Behavior Report MUST be attached.